Economic Development / Job Creation RFP Cover Sheet

(This form must be fully completed and submitted with your proposal in response to the RFP)

CONTACT INFORMATION							
First Name: Last Name:							
Home Address:							
Phone Number(s): Work:							
Email Address:							
ENTITY INFORMATION							
Entity Name:							
Entity Address:							
Partnership Ownership/Mana	gement of Entity:						
Name:	Percentage:	Interest:	Owned:	Title:			
Type of Entity:			Years in operati	on:			
How many people did your en	tity employ prior to	COVID-19 (March 1,	2020) (include your	self):?			
Full-Time: Part-Time:							
As of today: Fu	ll-Time: Pai	rt-Time:					
Anticipated Job Creation if aw	arded ARPA funds: F	ull-Time:	Part-Time:	_			
Anticipated Value of Economic Development in Springfield if awarded ARPA funds: \$							
ENTITY OWNER DEMOGRAPH	IICS						
Entity Owner Age:							
☐ 18 years – 29							
☐ 30 years – 45	☐ 30 years – 45 years ☐ 80+ years						
☐ 46 years — 60 years							
Is your entity Minority owned? Yes No							

If so, please indicate:			
☐ American Indian	☐ African American/Black		
☐ Cape Verdean	☐ Western Hemisphere Hispanic		
☐ Aleut	☐ Eskimo		
☐ Asian	\square Women owned		
Please indicate your veteran status:			
☐ Disabled Veteran	☐ Other Protected Veteran		
☐ Recently Separated Veteran	\square Armed Forces Service Medal Veteran		
☐ No Military Service	☐ Vietnam Era Veteran		
APPLICATION REQUIREMENTS			

COMMUNITY BENEFIT:

Describe in detail how your entity creates community benefits through economic development, and how the proposal will provide ongoing benefits with impactful, measurable outcomes. Please also describe in as much detail as possible how the proposal benefits the City's disadvantaged and disproportionately impacted minority and low income communities.

LEVERAGING PARTNERSHIPS AND RESOURCES:

Describe any plans your entity has for leverage partnerships, funding and other resources as part of this proposal to amplify and maximize the impact of ARAP funds to counter act the negative health and/or economic impacts of the COVID-19 pandemic.

MANAGEMENT AND REPORTING CAPACITY:

Describe your entity's experience and capacity to manage, implement, measure and report on grant deliverables and uses of funds. Include your plan for managing, implementing, measuring, and reporting in the event you receive a grant award under this RFP.

BUDGET AND FINANCIALS:

Please list and explain the total funding request for this grant using a budget narrative that breaks down the amount requested by line item. Proposers are strongly encouraged to request grant amounts that appropriately reflect their overall organization size, capacity, need, and alignment with ARPA's intent. The City reserves the right to award an amount less than the total requested, in its sole discretion. Matching funds are not required, however, the City encourages proposals that involve matching funds and/or a combination of entities partnering to share resources and amplify the impact of ARPA funds.

Proposers must also list any funds received from federal COVID-19 aid packages to date. Note: The City reserves the right to prioritize awards for proposers who have not previously received federal loans or grants (such as the Paycheck Protection Program, Economic Injury Disaster Loan, Shuttered Venue Operators Grant, Restaurant Revitalization Fund,

or were funded through the City of Springfield's CARES Act program or Prime the Pump Program). Proposers previously received other Federal assistance are eligible for grants under this RFP so long as expenses ar duplicated.	
Proposers must include the following financial documents with submissions in response to this RFP (lab "Confidential" to allow redaction): <u>Tax Returns (State and Federal)</u> , <u>Profit & Loss Statements</u> , and <u>Balance Statements for the last two (2) years</u> . If the above documents are not available for your entity, please proviexplanation.	Sheet
If awarded a grant under this RFP, additional forms will be required (to be provided by the City): W-9 Form; Corporate Certificate/Vote of Corporation; Debarment Statement; Conflict of Interest Statement; Certificate of Insurance; Vendor Maintenance Form; Job Creation/Retention Form; Duns Number; and Payroll Backup.	
COVID-19 IMPACTS	
Please indicate the impacts your entity has suffered from COVID, according to the options below:	
Closure Increased operating expenses Lack of access to financing or capital Loss of employees	
Increased demand on telecommunication / internet Other (please explain below) Forced contraction or delayed expansion Inability to provide services	
not set forth above (please include a separate written submission if additional space is required for this respons	e):

•			_
	 		_
			_
	 	 	_
	 		_
	 		_
			_
•			
			_
	 	 	_
			_
	 		_
	 	 	_
	 		_
			_
			_
			_
	 		_
			_

PROPOSED USE OF ARPA FUNDS BY YOUR ENTITY	
Please select the appropriate options below for how your entity is proposing to use ARPA funds to counter the negative health and/or economic impacts from COVID-19:	
 Recruitment of employees Job Creation (please explain below) Improving economic outcomes for low income communities, minorities, veterans, and/or women (please explain below) Workforce training programs Economic Development (please explain below) Other (please explain below)	below)
Please provide a detailed narrative of how the proposed uses selected above directly respond to the negative hand/or economic impacts of the COVID-19 pandemic (please include a separate written submission if additional space is required for this response).	
	-

	 	 	_
	 	 	_
	 	 	_
	 		_
	 		_
	 		_
			_
			_
			_
	 		_
	 		-
	 		_
			-
	 		-
	 		-
	 	 	-
	 		-
	 	 	_
	 	 	_
	 	 	-
	 	 	_
	 	 	_
	 	 	_
	 	 	_
	 	 	-
	 	 	_
	 	 	_
			_
	 	 	_
			_
	 	 	_